

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 206

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William T Freeman

Mailing Address 36428 Oak Park Ave

City

Prairieville

State

LA

Zip Code

70769-3279

FEC ID number of contributing
federal political committee.

C

Name of Employer
Earl K Long Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 1 0

Transaction ID: C1106189

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael Frommlet

Mailing Address 2168 SW Kings Ct

City

Portland

State

OR

Zip Code

97205-1118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt Hood Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 1 0

Transaction ID: C1105858

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Gayle A Galan

Mailing Address 1742 Rock Hill Ln

City

Akron

State

OH

Zip Code

44313-8019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marietta Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 4 / 2 0 1 0

Transaction ID: C950906

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)